|  |  |   | Application or Docket Number |                               |                      |                                       |                 |            |                         |          |            |  |  |
|--|--|---|------------------------------|-------------------------------|----------------------|---------------------------------------|-----------------|------------|-------------------------|----------|------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR   |  |   |                              |                               |                      |                                       |                 |            | D 110350 341            |          |            |  |  |
| Effective October 1, 2003  |  |   |                              |                               |                      |                                       |                 |            |                         |          |            |  |  |
| CLAIMS AS FILED - PART I   |  |   |                              |                               |                      |                                       |                 | SMALL      | ENTITY                  |          | OTHER      |  |  |
| (Column 1) (Column 2)  |  |   |                              |                               |                      |                                       |                 | TYPE       |                         | OR       | SMALL      |  |  |
| TOTAL CLAIMS   |  |   | 23                           |                               |                      |                                       |                 | RATE       | FEE                     |          | RATE       | FEE  |  |
| FOR  |  |   | NUMBER FILED                 |                               | NUMBER EXTRA         |                                       |                 | BASIC FI   | 385.00                  | OR       | BASIC FEE  | 770.00   |  |
| то   | TAL CHARGEA                                    | BLE CLAIMS                                | 23 minus 20=                 |                               | • 3                  |                                       |                 | X\$ 9=     |                         | OR       | X\$18=     | 54   |  |
| IND  | EPENDENT CL                                    | AIMS                                      | 5 minus 3 =                  |                               | · 2                  |                                       |                 | X43=       |                         | OR       | X86=       | 172  |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PE                             | RESENT                       |                               |                      |                                       |                 | +145=      |                         | OR       | +290≈      |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |  |   |                              |                               |                      |                                       |                 | TOTAL      |                         | OR       | TOTAL      | 796  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                              |                               |                      |                                       |                 |            | <del></del>             | -        | OTHER      |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                              |                               |                      |                                       |                 | SMAL       | L ENTITY                | OR       | SMALL      |  |  |
| AMENDMENT A  | 3/18/05  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA                      |                 | RATE       | ADDI-<br>TIONAL<br>FEE  |          | RATE       | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | + 20                                      | Minus                        | ** Q                          |                      | = /                                   |                 | X\$ 9=     | $\overline{\downarrow}$ | OR       | X\$18=     |  |  |
| MEN  | Independent                                    | * 4                                       | Minus                        | ***                           | )                    |                                       | $  \setminus  $ | X43=       |                         | OR       | X86=       |  |  |
| ¥  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                               |                      |                                       | ]               | +145=      | 1                       | 00       | +290=      | 1  |  |
|  |  |   |                              |                               |                      |                                       |                 | TOT/       | <u> </u>                | OR       | TOTAL      |  |  |
|  |  | •   |                              |                               |                      |                                       |                 | ADDIT. FE  |                         | OR       | ADDIT. FEE | L  |  |
|  |  | (Column 2)                                |                              |                               | (Column 3)           |                                       |                 | 1.00:      | 1                       | ··       | ADDI       |  |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY         | PRESENT<br>EXTRA                      |                 | RATE       | ADDI-<br>TIONAL<br>FEE  |          | RATE       | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | *   | Minus                        | ##                            |                      | =                                     |                 | X\$ 9=     |                         | OR       | X\$18=     |  |  |
|  | Independent                                    | *   | Minus                        | ***                           |                      | [=                                    |                 | X43=       |                         | OR       | X86=       |  |  |
| ٨  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                               |                      |                                       |                 | +145=      |                         | OR       | +290=      |  |  |
|  |  |   |                              |                               |                      |                                       |                 | TOTA       |                         | 4        | TOTAL      | <del>                                     </del> |  |
|  |  |   |                              |                               |                      |                                       |                 | ADDIT. FE  |                         | OR       | ADDIT. FEE |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                              |                               |                      |                                       |                 |            |                         |          |            |  |  |
| ENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | NUM<br>PREVI                  | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      |                 | RATE       | ADDI-<br>TIONAL<br>FEE  |          | RATE       | ADDI-<br>TIONAL<br>FEE                           |  |
| AMENDMENT  | Total  | *   | Minus                        | ***                           |                      | =                                     | ]               | X\$ 9=     |                         | OR       | X\$18=     |  |  |
| ME   | Independent                                    | *   | Minus                        | ***                           | <u> </u>             | <u> -</u>                             | 4.              | X43=       |                         | OR       | X86=       |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                               |                      |                                       |                 | +145=      |                         | OR       | +290=      |  |  |
| t the control in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                              |                               |                      |                                       |                 |            |                         |          |            |  |  |
| I  | If the "Highest Nu                             | mber Previously P                         | aid For IN THI               | S SPACE                       | is less that         | in 20, enter "21.<br>in 3. enter "3." |                 | ADDIT. FE  | :E <b>L</b>             | OR       | ADDIT. FEE |  |  |
| l "  | n ine mignest Nu                               | mber Previously Pa<br>her Previously Pa   | id For (Total o              | r Independ                    | dent) is the         | highest numb                          | er fo           | und in the | appropriate be          | ox in co | olumn 1.   |  |  |